

**APPLICATION TRANSFER REQUEST FOR S.N.**09-028395**Section I. TRANSFER REQUEST BY (PRINT NAME)**LEINDECKERDate 8/10/99TO: Art Unit 165F 1632Class/sub 424/93.7 From: A.U. 3739 Class 600**REASON:**PARENT CLASSIFIED IN 424/93.7

Gatekeeper concurrence \_\_\_\_\_

Hand carried: Personally accepted by \_\_\_\_\_

**Section II. DISPOSITION BY RECEIVING TC**

A.U. \_\_\_\_\_ Date \_\_\_\_\_

 ACCEPTED BY RECEIVING T.C.**NOT ACCEPTED**     Forward to Post Classifier  
                             Return to Originating Technology Center /AU \_\_\_\_\_**REASON:****DISPOSITION BY RECEIVING TC POST CLASSIFIER** This dispute was resolved. Forward to Class/Sub \_\_\_\_\_ TC/AU \_\_\_\_\_ Post Classifier \_\_\_\_\_ Date \_\_\_\_\_

Concurring \_\_\_\_\_ Date \_\_\_\_\_

 This dispute was not resolved, forward to DISPUTE RESOLUTION PANEL**Post Classifier Assessment:**

Gatekeeper Concurrence \_\_\_\_\_

**Section III. DISPOSITION BY DISPUTE RESOLUTION PANEL**

Date \_\_\_\_\_

**Panel Decision:** Forward to Technology Center / Art Unit \_\_\_\_\_ Class/sub \_\_\_\_\_**REASON:**

Panel Member \_\_\_\_\_ Concurring Panel Member \_\_\_\_\_

 This application **MAY** be returned to the dispute resolution panel if reconsideration is desired (use form 447R). This application **MAY NOT** be returned to the dispute resolution panel. **THIS IS A FINAL DISPOSITION.**

## PG PUBS TRACKING/ROUTING FORM

(12E17PG C-3)

Order & Case Request & Work Assignment

OPR Order Number \_\_\_\_\_

App Serial Number 09/028395Search Assigned to TC 1600

Copying Assigned to TC \_\_\_\_\_

Certified Copy Request \_\_\_\_\_

Time/Date Order First Pulled From OEMS 7/9Retrieval Action by Expanded Paper MatchingTech Center 1600

Found in Central File Room \_\_\_\_\_

Found Outside of Central File (Indicate Examiner, SPE, Tech ,etc., as appropriate)

Office \_\_\_\_\_

Building Cm!Room 12E17CTime/Date Found 7/11Copying

Case Disassembled by \_\_\_\_\_

Time/Date \_\_\_\_\_

Case Copied by \_\_\_\_\_

Time/Date \_\_\_\_\_

Case Assembled by \_\_\_\_\_

Time/Date \_\_\_\_\_

Copies and Reassembly Inspected by \_\_\_\_\_

Time/Date \_\_\_\_\_

*Attach Copy of Error Sheet if Appropriate*

Rework Done by \_\_\_\_\_

Time/Date \_\_\_\_\_

Production Control

Copying and Reassembly Inspected by \_\_\_\_\_

Rework Requested by \_\_\_\_\_

Time/Date \_\_\_\_\_

*Attach Error Sheet if Appropriate*

Certified Copy Routing Slip Prepared by \_\_\_\_\_

Packing List/Label/Packing done by \_\_\_\_\_

Packaging Inspected by \_\_\_\_\_

**OPR/OEMS Order Request & PALM Print Out & Copy Order Must Remain Attached to This Form****Form is NOT TO BE REMOVED FROM CASE FILE Until Copies Are Made & THEN FORM REMAINS WITH COPIES.**

3/20/01